

01/29/01

01-30.01

A

PTO/SB/05 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Stuart G. Oxford, M.D.

Title

AN ANKLE, LEG AND HIP EXERCISING DEVICE

Express Mail Label No.

EL750131095 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages  ]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [ Total Sheets  ]
- Oath or Declaration [ Total Pages  ]
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 17 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Other: .....

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: 09 216,782

Prior application information:

Examiner S. Crow

Group / Art Unit: 3733

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under  
Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

22885

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name	SHANE M. NIEBERGALL				
	Zarley, McKee, Thomte, Voorhees & Sease				
Address	801 Grand Avenue - Suite 3200				
City	Des Moines	State	IA	Zip Code	50309-2721
Country	U.S.A.	Telephone	402-392-2280	Fax	402-392-0734

Name (Print/Type)

SHANE M. NIEBERGALL

Registration No. (Attorney/Agent)

44,974

Signature

Date January 29, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on  
the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application,  
Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**  
**for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**

(\$) 400

**Complete if Known**

Application Number

Filing Date

First Named Inventor

Stuart G. Oxford, M.D.

Examiner Name

Group Art Unit

Attorney Docket No.

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

26-0084

Deposit  
Account  
Name

Zarley, McKee, Thomte, Voorhees &amp; Sease

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☐
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

- ☒
- Check
- ☐
- Credit card
- ☐
- Money
- 
- Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

Fee Paid

101 710 201 355 Utility filing fee

355.00

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

**SUBTOTAL (1)** (\$) 355.00**2. EXTRA CLAIM FEES**

Total Claims	25	-20** =	5	X	Fee from below	9	=	45
Independent Claims	2	-3** =	0	X			=	
Multiple Dependent				X			=	

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 \*\* Reissue independent claims  
over original patent110 18 210 9 \*\* Reissue claims in excess of 20  
and over original patent**SUBTOTAL (2)** (\$) 45.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$)

Fee Description

Fee Paid

105 130 205 65 Surcharge - late filing fee or oath

127 50 227 25 Surcharge - late provisional filing fee or  
cover sheet

139 130 139 130 Non-English specification

147 2,520 147 2,520 For filing a request for *ex parte* reexamination112 920\* 112 920\* Requesting publication of SIR prior to  
Examiner action113 1,840\* 113 1,840\* Requesting publication of SIR after  
Examiner action

115 110 215 55 Extension for reply within first month

116 390 216 195 Extension for reply within second month

117 890 217 445 Extension for reply within third month

118 1,390 218 695 Extension for reply within fourth month

128 1,890 228 945 Extension for reply within fifth month

119 310 219 155 Notice of Appeal

120 310 220 155 Filing a brief in support of an appeal

121 270 221 135 Request for oral hearing

138 1,510 138 1,510 Petition to institute a public use proceeding

140 110 240 55 Petition to revive - unavoidable

141 1,240 241 620 Petition to revive - unintentional

142 1,240 242 620 Utility issue fee (or reissue)

143 440 243 220 Design issue fee

144 600 244 300 Plant issue fee

122 130 122 130 Petitions to the Commissioner

123 50 123 50 Petitions related to provisional applications

126 240 126 240 Submission of Information Disclosure Stmt

581 40 581 40 Recording each patent assignment per  
property (times number of properties)146 710 246 355 Filing a submission after final rejection  
(37 CFR § 1.129(a))149 710 249 355 For each additional invention to be  
examined (37 CFR § 1.129(b))

179 710 279 355 Request for Continued Examination (RCE)

169 900 169 900 Request for expedited examination  
of a design application

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) \_\_\_\_\_**SUBMITTED BY**

Name (Print/Type)

SHANE M. NIEBERGALL

Registration No.  
(Attorney/Agent)

44,974

**Complete (if applicable)**

Telephone

402-392-2280

Signature

Date

JANUARY 29, 200

**WARNING:** Information on this form may become public. Credit card information should not  
be included on this form. Provide credit card information and authorization on PTO-2038.

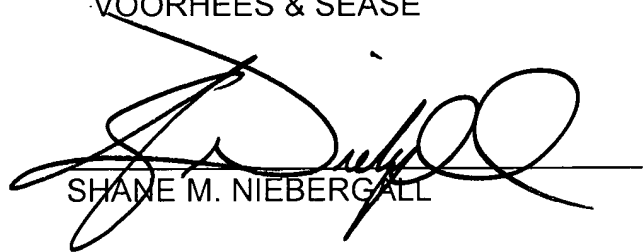
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CERTIFICATE OF MAILING



I hereby declare that the original patent application for Stuart G. Oxford, M.D., entitled AN ANKLE, LEG AND HIP EXERCISING DEVICE, enclosed herewith, was mailed by "Express Mail Post Office to Addressee", mailing label EL750131095US, to Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, on this 29<sup>th</sup> day of January, 2001.

ZARLEY MCKEE THOMTE  
VOORHEES & SEASE



SHANE M. NIEBERGALL